Company Tracking Number: AR-2008-290-CROP

TOI: 02.1 Crop Sub-TOI: 02.1001 Crop-Hail Non-Federally Reinsured

Only

Product Name: Crop Hail

Project Name/Number:

Filing at a Glance

Company: Western Agricultural Insurance Company

Product Name: Crop Hail SERFF Tr Num: FBLB-125913145 State: Arkansas

TOI: 02.1 Crop SERFF Status: Closed State Tr Num: EFT \$20

Sub-TOI: 02.1001 Crop-Hail Non-Federally Co Tr Num: AR-2008-290-CROP State Status: Fees verified and

Reinsured Only received

Co Status: Reviewer(s): Betty Montesi,

Llyweyia Rawlins

Author: Julie Pautvein Disposition Date: 11/20/2008

Date Submitted: 11/20/2008 Disposition Status: Approved

12/01/2008

State Filing Description:

Filing Type: Form

General Information

Project Name: Status of Filing in Domicile:
Project Number: Domicile Status Comments:

Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:

Filing Status Changed: 11/20/2008

State Status Changed: 11/20/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing revised applications, as we inadvertently failed to add the two new cotton endorsements for 2009.

We are requesting that this filing be made effective as of December 1, 2008 for the 2009 crop year.

Company Tracking Number: AR-2008-290-CROP

TOI: 02.1 Crop Sub-TOI: 02.1001 Crop-Hail Non-Federally Reinsured

Only

Product Name: Crop Hail

Project Name/Number:

Company and Contact

Filing Contact Information

Julie Pautvein, CPCU, Product Analyst II jpautvein@fbfs.com
5400 University Avenue (515) 226-6445 [Phone]
West Des Moines, IA 50266-5997 (515) 226-6057[FAX]

Filing Company Information

Western Agricultural Insurance Company CoCode: 27871 State of Domicile: Iowa

5400 University Avenue Group Code: 513 Company Type: Property and

Casualty

West Des Moines, IA 50265-5997 Group Name: State ID Number:

(515) 225-5400 ext. [Phone] FEIN Number: 86-0259779

Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No

Fee Explanation: \$20.00 to correct an existing form filing

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Western Agricultural Insurance Company \$20.00 11/20/2008 24064690

Company Tracking Number: AR-2008-290-CROP

TOI: 02.1 Crop Sub-TOI: 02.1001 Crop-Hail Non-Federally Reinsured

Only

Product Name: Crop Hail

Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/20/2008	11/20/2008

Company Tracking Number: AR-2008-290-CROP

TOI: 02.1 Crop Sub-TOI: 02.1001 Crop-Hail Non-Federally Reinsured

Only

Product Name: Crop Hail

Project Name/Number: /

Disposition

Disposition Date: 11/20/2008

Effective Date (New): 12/01/2008 Effective Date (Renewal): 12/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

Company Tracking Number: AR-2008-290-CROP

TOI: 02.1 Crop Sub-TOI: 02.1001 Crop-Hail Non-Federally Reinsured

Only

Product Name: Crop Hail

Project Name/Number: /

Item Type Item Name Item Status Public Access

Supporting Document Uniform Transmittal Document-Property & Approved Yes

Casualty

Form Arkansas Crop Hail Application Approved Yes

Form Arkansas Crop Hail Simplified Application Approved Yes

Company Tracking Number: AR-2008-290-CROP

TOI: 02.1 Crop Sub-TOI: 02.1001 Crop-Hail Non-Federally Reinsured

Only

Product Name: Crop Hail

Project Name/Number: /

Form Schedule

Review	Form Name	Form #	Edition	Form Type Action	Action Specific R	Readability	Attachment
Status			Date		Data		
Approved	Arkansas Crop	A-CH002	711-08	Application/Replaced	Replaced Form #:		A-CH0027
	Hail Application			Binder/Enro	A-CH0027(09-08)		(11-08) AR
				Ilment	Previous Filing #:		CH App.pdf
					FBLB-125789083		
Approved	Arkansas Crop	A-CH003	711-08	Application/Replaced	Replaced Form #:		A-CH0037
	Hail Simplified			Binder/Enro	A-CH0037(09-08)		(11-08) AR
	Application			Ilment	Previous Filing #:		Simplified
					FBLB-125789083		App.pdf

Insured's Signature	PAYMENT AGREEMENT The Applicant/Insured agrees to pay the Company the premium shown as amount due on the declaration of the Crop Hall Insurance Policy. Payment will be due on or before August 1 (fall-seeded crops) or on or before November 1 (spring-seeded crops) of the effective year. If not paid by the due date, the insured agrees to pay in addition to the amount due, interest on the unpaid premium at a rate of 15% per annum until paid, plus all reasonable attorney fees, legal expenses, and collection costs. The company is authorized to deduct the premium from a loss indemnity owed to the applicant/insured. When the premium is overdue, the company is authorized to deduct the premium and interest due on this policy from any loss indemnity on a Crop Hail Policy which is in my name and has been issued by the Company.	4. Do you have Federal Crop Insurance (MPCI) on the above crops? If yes, Insurance Company	1. Have any of the crops listed above been halled upon prior to signing this application? (If yes, attach explanation) 2. Do you have additional acres of the above crops not included in this application? (If yes, provide diagram with loc. 3. Do you or a shareholder have other Crop Hall insurance on the above crops?	Underwriting Data:						Line Action: No. ADD CIr. of Sec. N E FSA Index CHG Qir. No. TWP S RGE W Farm #	If loss occurs in current crop year, indemnity is payable to	Phone: Email:	SSN:			Applicant/Insured Name and Address:	Representing: Western Agricultural Insurance Company Processed and Administered at: 2627 KFB Plaza, Manhattan, KS 66503	NSCRANCE OF
. Date Time	PAYMENT AGREEMENT If the premium shown as amount due on the declaration of the Crop Hail are August 1 (fall-seeded crops) or on or before November 1 (spring-seeded er date, the insured agrees to pay in addition to the amount due, interest on until paid, plus all reasonable attorney fees, legal expenses, and collection or premium from a loss indemnity owed to the applicant/insured. When the deduct the premium and interest due on this policy from any loss indemnity seen issued by the Company.	:? Insurance per acre Insurance per acre	ting this application? (If yes, attach explanation) this application? (If yes, provide diagram with loc. & crops) bove crops?							County Cty# em Group Crop Prac. Code I	payable to me and to (Assignment of Indemnity Name/Address):	Alt Phone:						
	Crop Hail ing-seeded interest on d collection When the sindemnity	Yes No	Yes No Yes No							CC r l o a Policy % Int. p s Form in crop	inity Name/A	Endorsement Codes Opt Fire/Lightning Cover (Crops Planted in Sm Cotton Module Coverage	Tomatoes, Vego Basic XS15IP	Tree Fruits, Grapes, Bush Fruits & Berri XS15 16	All Crops Basic DXSS			Crop Hail In
Agent's Signature	"Any persor for paymen information and may be	after such da after such da This binder r declare the fa	BINDER - P	Tol. Acres	×			- × -	—×	Number of Acres	ddress):	Endorsement Codes Opt Fire/Lightning Coverage (Crops Planted in Sm Gr Stubble) Cotton Module Coverage	Tomatoes, Vegetable & Vine Crops Basic 01 XS15IP 04	napes, Berries 16	01 E			Crop Hail Insurance Application
	"Any person wh for payment of information in a and may be sub	mage you st may be cano acts stated h	olicy Provision	Total			— X	— ii —	— ii	Ins. Per A		le) F	sq		Cotton Basic 34 DXS5 38			olication[
	no know f a loss an appli	hall give us veled by us be erein to be tr	ons shall tak	il Ins.	×		**************************************		-x	Amount of Insurance	**************************************	·			-	-	Change Cancel A	New
	o knowingly presents a false or fraudulent a loss or benefit or knowingly presents in application for insurance is guilty of a ject to fines and confinement in prison."	written notice y written not y written not	te effect at 1	1	- 1 , -		_ _	II	- U	Rate	MANAGEMENT OF THE PROPERTY OF	Phone: Email:	Number:		J. Gent Wallie			
	esents a nefit or or insur d confir	e, no insula and shall b lice to you ir	12:01 a.m. o	Total Prem.	—×—	-× -	-×-	- ×-	– ×	Whole \$ I					e.	200	Deferred Billing-	Cash w/appJune Billing-
Agent Code	a false (knowing rance is nement	e entitled to accordanc	in the day for	Net Prem.	- 11		— II —	— ii —	— n	Endors. Net Codes Premium							רון ס	19
	or fraud gly pres s guilty in prisos	e ill ellect a return prem e with the p	ollowing the	em. Cash Remit					138 134 134 134								Account Number: RG Policy No:	Change Eff. Date: Policy Number:
Date	"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."	arry permitted the tributer industrial institutions in strainted shall be entitled to return premium on such acre. This binder may be canceled by us by written notice to you in accordance with the policy provisions. I declare the facts stated herein to be true.	date you and the damaged by	mit A/R Balance						Common Farm Name/ Other Interest						FFLICATION	Number:	Date: er.



Western Agricultural Insurance Company Processed and Administered at:

Email: Phone: SSN:

 Have any of the crops listed above been halled upon prior to signing this application? (If yes, attach explanation)
 Do you have additional eners of the above crops not included in this application? (If yes, provide diagram with loc. & crops)
 Do you or a shareholder have other Crop Hall insurance on the above crops? If yes, Insurance Company

4. Do you have Federal Crop Insurance (MPCI) on the above crops? Your coverage will be determined each year by multiplying the current season acreage, listed on your Federal Acreage Report, by the Insurance Per Acre and current season rate for those crops listed above. NOTICE: IT IS A CONDITION OF THIS COVERAGE THAT YOU HAVE YOUR MPCI WITH WESTERN AGRICULTURAL INSURANCE COMPANY OR ONE OF ITS AFFILIATED COMPANIES. IF YOU TRANSFER OR CANCEL YOUR MPCI, YOUR SIMPLIFIED CROP HAIL COVERAGE WILL ALSO BE CANCELLED. If loss occurs in current crop year, indemnity is payable to me and to (Assignment of Indemnity Name/Address): The Applicant/Insured agrees to pay the Company the premium shown as amount due on the declaration of the Crop Hall Insurance Policy. Payment will be due on or before August 1 (fall-seeded crops) or on or before November 1 (spring-seeded crops) of the effective year. If not paid by the due date, the insured agrees to pay in addition to the amount due, interest on the unpaid premium at a rate of 15% per annum until paid, plus all reasonable attorney fees, legal expenses, and collection costs. The company is authorized to deduct the premium from a loss indemnity owed to the applicant/insured. When the premium is overdue, the company is authorized to deduct the premium and interest due on this policy from any loss indemnity on a Crop Hall Policy which is in my name and has been issued by the Company. Applicant/Insured Name and Address: If yes,Current Policy #_ 2627 KFB Plaza, Manhattan, KS 66503 County Representing: Cty# Alt Phone: insurance per acre Kind of Crop Crop Pract Policy Forms: All Crops | Basic DXS5 Endorsement Codes
Opt Fire/Lightning Coverage
(Crops Planted in Sm Gr Stubble)
Cotton Module Coverage XS15IP Tomatoes, Vegetable & Vine Crops XS15 Tree Fruits, Grapes, Bush Fruits & Berries Yes Yes Yes ö 8 8 8 2 2 16 :3 <u>:</u>2 BINDER - Policy Provisions shall take effect at 12:01 a.m. on the day following the date you and the agent signed the application. However, if any acre of crop described in this application is damaged by any peril before the effective hour of this insurance, no insurance shall be in effect and within 72 hours after such damage you shall give us wriften notice and shall be entitled to return premium on such acre. This binder may be canceled by us by written notice to you in accordance with the policy provisions. I declare the facts stated herein to be true. and may be subject to fines and confinement in prison." "Any person who knowingly presents a false or fraudulent claim Crop Code for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a Cotton Basic DXS5 ARKANSAS SIMPLIFIED CROP HAIL APPLICATION Crop Class C # 38 Renewal-New----Cancel----Policy Form Phone: Email: Number Agent Name: Deferred Billing-June Billing----Insurance Per Acre Change Eff. Date: RG Policy No: Endorsement Codes

Underwriting Data:

Agent Code

Date

Agent's Signature

Company Tracking Number: AR-2008-290-CROP

TOI: 02.1 Crop Sub-TOI: 02.1001 Crop-Hail Non-Federally Reinsured

Only

Product Name: Crop Hail

Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

Company Tracking Number: AR-2008-290-CROP

TOI: 02.1 Crop Sub-TOI: 02.1001 Crop-Hail Non-Federally Reinsured

Only

Product Name: Crop Hail

Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document- Approved 11/20/2008

Property & Casualty

Comments:

Attachment:

AR-2008-290-Crop Transmittal Header - Filing Letter.pdf

Property & Casualty Transmittal Document

					T						
1.	Reserved for Insurance Dep	2. Insurance Department Use only									
		a. Date the filing is received:									
			b. Analyst:								
			c. Disposi	ition:							
			d. Date of	disposition	of the	filing:					
				e. Effectiv	e date of fili	ng:					
					f. State F	iling #:					
				g. SERFF Filing #:							
3.	Group Name				Grou	ıp NAIC #					
J.							l.	•			
4.	Company Name(s)					Domicile	NAIC	; #	FEIN#		
	Western Agrictultural Insurance	e Com	pany			IA	2787	1	86-0259779		
						•	•				
5.	Company Tracking Number		AR-200	8-29	0-Crop						
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6.	act Info of Filer(s) or Corpora Name and address	Title	cer(s) [ide toll-free i ephone #s	rumberj FAX #		e-mail			
0.	Julie Pautvein	Produ	ıot		<u> </u>	515 226-6057					
	5400 University Ave	Analys		515 226-6445		313 220-00	J37	57 jpautvein@fbfs.com			
	West Des Moines IA 50266	,									
				\cap							
7.	Signature of authorized filer			<u> </u>	eli Vantur	er'					
8.	Please print name of authorize	ed filer		Juli	e Pautvein						
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9.	g information (see General Ins Type of Insurance (TOI)	struction	ns ior de	escri	02.1 Crop	se lieius)					
10.	Sub-Type of Insurance (Sub)-TOI)			02.1001 Crop Hail Non-Federally Reinsured Only						
	State Specific Product code				02.1001 01	TOP TIAII TYON	-i cac	any remou	ilea Olliy		
11.	(if applicable)[See State Speci		uiremen	its]							
	Company Program Title (Ma	rketina	title)								
12.	Company 1 Togram Title (Ma		1110)								
40					[] Rate/Loss Cost [] Rules [] Rates/Rules						
13.	13. Filing Type					[✓] Forms [] Combination Rates/Rules/Forms[] Withdrawal [] Other (give description)					
14.	Effective Date(s) Beguested										
15.	Effective Date(s) Requested				12-1-2008 [] Yes	[₁ /1 No					
	Reference Filing?	naliaahl	lo\		[] 168	[√] No					
16.	Reference Organization (if a	•	<i>(C)</i>								
17.	Reference Organization # &	TILLE			November	20 2009					
18.	Company's Date of Filing		г	7 6 1	November		/ 1 A4	borized [1	Disapprayed		
19.	Status of filing in domicile		L	J IN	Not Filed [] Pending [✓] Authorized [] Disapproved						

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	AR-2008-290-Crop
21.	Filing Description [This area should be similar to the body of	a cover letter and is free-form text]

Arkansas Insurance Department 1200 West Third Street Little Rock, AR 72201

Re: 2009 Crop Hail Forms Filing

Western Agricultural Insurance Company, NAIC #27871

We are filing revised applications, as we inadvertently failed to add the two new cotton endorsements for 2009.

We are requesting that this filing be made effective as of December 1, 2008 for the 2009 crop year.

Sincerely,

Julie Pautvein, AIC, CPCU Product Analyst II (515)226-6445

ipautvein@fbfs.com

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: N/A - Submitted via EFT on Serff Amount: \$20.00 (Correction of existing Filing)

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)